

Subst. for form 1449/PTO SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/588,098
				371 Filing Date	2006-12-18
				First Named Inventor	W. Dennis Slafer
				Art Unit	
				Examiner Name	
Sheet	2	Of	3	Docket Number	059380-0050 (MCMK-004)
OTHER ART (Including Author, Title, Date, Pertinent Pages, Etc.)					
EXAMINER'S INITIALS	CITE NO.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			
		Supplementary European Search Report for related EP Application No.: EP 05 71 1734, 2 PP			
EXAMINER			DATE CONSIDERED		

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered.

Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.